FORM 6 (ND/SD MISS. DEC. 2016)

NORTHERN DISTRICT OF MISSISSIPPI

CURT	IS GIOVANNI FLOV	VERS Plaintiff		
v.			CIVIL ACTION NO.	4:21CV110-M-V
DOUG	EVANS, et al.	Defendant		
	APPL	ICATION FOR ADMISSION	N PRO HAC VIC	Е
(A)	Name:	Jonathan L. Abram		
	Firm Name:	Hogan Lovells US LLP		
	Office Address:	555 Thirteenth Street, NW	7	
	City:	Washington	DC State	20004 Zip
	Telephone:	202-637-5681	_ 202-637	
	E-Mail:	jonathan.abram@hoganlovells.com		
(B)	Client(s):	Curtis Giovanni Flowers		
	Address:			
	City:		State	Zip
	Telephone:		Fax:	
	The following info	rmation is optional:		

Have you had a prior or continuing representation in other matters of one or more of the clients you propose to represent, and is there a relationship between those other matter(s) and the proceeding for which you seek admission?

Mr. Abram previously represented Plaintiff, Curtis Flowers, in Supreme Court of Mississippi Action No. 2015-DR-00591-SCT as one of his post-conviction counsel. This current proceeding follows as a result of the wrongful investigation and prosecution of Mr. Flowers, directly related to his post-conviction proceedings. His intimate understanding of the issues of Mr. Flowers's post-conviction claims are directly related to this action and should be considered with the admission of his application to this honorable Court.

Do you have any special experience, expertise, or other factor that you believe makes it particularly desirable that you be permitted to represent the client(s) you propose to represent in this case?

Mr. Abram is representing Mr. Flowers on a pro bono basis.

(C)	I am admitted to	practice in the:
		State of
	~	District of Columbia

and I am currently in good standing with that Court. A certificate to that effect, issued by the appropriate licensing authority within ninety days of the date of this Application, is enclosed; the physical address, telephone number and website/email address for that admitting Court are:

District of Columbia Court of Appeals/District of Columbia Bar 901 4th Street, NW Washington, DC 20001 Telephone Number: 202-737-4700

Website: dcbar.org

Email address: coa@dcappeals.gov

All other courts before which I have been admitted to practice:

	Jurisdiction Period		d of Admission		
Please se	ee attached Exhibit A.				
(D)	Have you been denied admission pro hac vice in this state?		Yes	No	
	Have you had admission pro hac vice revoked in this state?		\bigcirc	ledow	
	Has Applicant been formally disciplined or sanctioned by an in this state in the last five years?	y court	\bigcirc	•	
name and fi	answer was "yes," describe, as to each such proceeding, the na of the person or authority bringing such proceedings; the date nally concluded; the style of the proceedings; and the findings ection with those proceedings:	s the proc	eedings v	vere initiate	∍d
N/A.					
(E)	Has any formal, written disciplinary proceeding ever been		Yes	No	
	brought against you by a disciplinary authority in any other jurisdiction within the last five years?		\bigcirc	•	

If the answer was "yes," describe, as to each such proceeding, the nature of the allegations; the name of the person or authority bringing such proceedings; the date the proceedings were initiated and finally concluded; the style of the proceedings; and the findings made and actions taken in connection with those proceedings.

N/A.

(F) Have you been formally held in contempt or otherwise sanctioned by any court in a written order in the last five years for disobeying its rules or orders?

If the answer was "yes," describe, as to each such order, the nature of the allegations, the name of the court before which such proceedings were conducted; the date of the contempt order or sanction, the caption of the proceedings, and the substances of the court's rulings (a copy of the written order or transcript of the oral rulings must be attached to the application).

Yes

No

N/A.

(G) Please identify each proceeding in which you have filed an application to proceed pro hac vice in this state within the preceding two years, as follows:

Name and Address of Court Date of Outcome of Application
Application

N/A.

Please identify each case in which you have appeared as counsel pro hac vice in

(H)

. ,	this state within the imme as counsel pro hac vice, or hac vice, as follows:		_		_
Name	and Address of Court	Style of Case			
N/A.		***************************************			- · · · · · · · · · · · · · · · · · · ·
			×		
m)	Have you read and becom	ne familiar with all th	e I ocai	Yes	No
(I)	UNIFORM CIVIL RULES OF COURTS FOR THE NORTHE MISSISSIPPI?	THE UNITED STATES	DISTRICT	•	
	Have you read and become OF Professional Condu		IISSISSIPPI RULES	•	0
(J)	Please provide the following associated for this case:	ng information about	the resident attor	mey who has	been
Name	and Bar Number Robert B	. McDuff (MS Bar N	o. 2532)		
Firm N	Name: Mississippi Center fo	or Justice			
Office	Address: 767 North Congre	ess Street			
	City: Jac	ckson	State: MS	Zip: 39202	
	Telephor	ne:601-259-8484	Fax:		
Email	address: rhm@mcdufflaw.co	am			

(K)	The undersigned resident attorney certifies that he/she agrees to the association with
	Applicant in this matter and to the appearance as attorney of record with Applicant.

/s/ Robert B. McDuff

Resident Attorney

I certify that the information provided in this Application is true and correct.

 $\frac{10-29-21}{\text{Date}}$

pplicant's Handwritten Signature

Unless exempted by Local Rule 83.1(d)(5), the application fee established by this Court must be enclosed with this Application.

CERTIFICATE OF SERVICE

The undersigned Resident Attorney certifies that a copy of this Application for Admission

Pro Hac Vice has been mailed or otherwise served on this date on all parties who have appeared in this case.

This the 2nd day of November, 20.21.

/s/ Robert B. McDuff

Resident Attorney